

FILED DEC 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43179

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 3017	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmwood Park</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmwood Park</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chicago & Webrock Aves.</u>				d. STREET ADDRESS (If rural, give location) <u>Chicago & Webrock Avenues.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Minnie</u>		b. (Middle) <u>Burden</u>		c. (Last) <u>Burden</u>	
4. DATE OF DEATH		(Month) <u>12</u> (Day) <u>11</u> (Year) <u>50</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12/25/82</u>	
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>6</u> DAYS <u>1</u> HOURS <u>1</u> MIN. <u>1</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Nashville, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Ferris</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sam Burden</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sam Burden</u>		ADDRESS <u>Chicago & Webrock Aves.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>N</u> DUE TO (c) <u>N</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 Minutes</u> <u>4201</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Elmwood Park St. Louis Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>12/11/50</u> , 19 <u>50</u> , to <u>12/11/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/11/50</u> , 19 <u>50</u> , and that death occurred at <u>5:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Franklin D. Alexander MD</u>		23b. ADDRESS <u>177 East Kirkham Avenue</u>		23c. DATE SIGNED <u>12/13/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12/14/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Linder MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. Gates</u>		ADDRESS <u>4107 Finney Avenue</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John R. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.